Individual Characteristics Form
Work Opportunity Tax Credit and
Welfare-to-Work Tax Credit

U.S. Department of Labor
Employment and Training Administration
U.S. Employment Service

1. CONTROL NO.
(For Agency Use Only)

Individual Information
(Instructions on the Back)

OMB Control No.: 1205-0371
Expires: 07/31/98

2. DATE RECEIVED
(For Agency Use Only)

3. EMPLOYER NAME/ADDRESS

4. EMPLOYER ID NUMBER

6. Have you worked for the above employer before?

Yes _____ **No** _____

5. EMPLOYMENT START DATE

Starting Wage:

$_____ per hour

POSITION:

7. NAME OF INDIVIDUAL (Last, First, Middle)

8. SOCIAL SECURITY NUMBER:

The above named individual is determined to have the following characteristics for WOTC Target Group Certification:

9. Age between 16 - 25?

Yes _____ **No** _____

If YES, indicate your "Date of Birth" below:

Date of Birth

10. A veteran and a member of a family that received **Food Stamps** for a period of a least 3 months in the last 15 months.

Yes _____ **No** _____

If YES, also complete Box 17.

11. Is a member of a family that received **AFDC (TANF) benefits** for any 9 months in the last 18 months.

Yes _____ **No** _____

If YES, also complete Box 17.

12. Is a member of a family that received **Food Stamps** for the last 6 months.

Yes _____ **No** _____ **or**

for at least a consecutive 3-month period within the last 5 months, BUT is no longer receiving them?

Yes _____ **No** _____

If YES to either, also complete Box 17.

13. In the past year has been convicted of a felony or released from prison after a felony conviction.

Yes _____ **No** _____

If YES, complete below:

Date of Conviction _____

Date of Release _____

Total Income for the past **6 months** for **all** family members living in the same household?

Total Income: _____

(If No Income, Enter 0 above)

No. of family members living in the same household for the past 6 months, including yourself: _____

14. Lives and plans to continue living in a Federal **Empowerment Zone** or **Enterprise Community.**

Yes _____ **No** _____

16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.

Yes _____ **No** _____

15. Is receiving or has received Rehabilitation Services through a State **Rehabilitation Services** program or the Veterans' Administration.

Yes _____ **No** _____

17. If individual is not a primary recipient of benefits, please provide the following:

_____
Name of Primary Recipient

_____
City/State of Benefits

This section is to be completed by individuals starting work after December 31, 1997, under the Welfare-to-Work Tax Credit only.

18. Is a member of a family that:

* Has received AFDC or TANF payments for at least the last 18 **consecutive** months; **Yes** _____ **No** _____ or
* Has received/is receiving AFDC or TANF payments for any 18 months starting after August 5, 1997; **Yes** _____ **No** _____ or
* Stopped being eligible for AFDC or TANF payments after Aug. 5, 1997 because Federal or state law limited the maximum time such assistance is payable. **Yes** _____ **No** _____

19. SOURCES USED TO DOCUMENT ELIGIBILITY:

Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. **The signature of the party completing this form is required below.**

20. SIGNATURE:

21. DATE:

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF) ETA 9061: WORK OPPORTUNITY TAX CREDIT (WOTC) AND WELFARE-TO-WORK TAX CREDIT. This form is used in conjunction with IRS Form 8850 to determine eligibility for the Work Opportunity Tax Credit (WOTC) and/or Welfare-to-Work Tax Credit programs. The form may be completed by the applicant, the employer or employer agent, the SESA or the participating agency and signed by the person or agency filling out this form.

Note. This form is **required** to be used, **without modification, by all employers** or third parties serving under contract **as an agent** or representative of the employer.

Box 1: **Control Number (for agency use only). The SESA** or participating agency determines the Control Number. It may be a Social Security number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.

Box 2: **Date (for agency use only).** Enter the month, day, and year when the form is received.

Box 3: **Employer Name/Address.** Enter the name and address including zip code and telephone number of the employer applying for a WOTC Employer Certification.

Box 4: **Employer ID No.** Enter employer's federal taxpayer identification number.

Box 5: **Employment Start Date/Wage/Position or Title.** Enter the employment start date, the starting hourly wage which the employee will be paid. If not known, enter an estimated wage to be paid. Also, enter the job or position title, which the individual or prospective employee will be performing for this employer.

Box 6: **Previous Employment for This Employer.** This requires a YES or NO answer. Enter a check mark (✓) in the blank that corresponds to your answer.

Box 7: **Name of Individual.** Enter full name of individual or prospective employee.

Box 8: **Social Security Number.** Enter individual's social security number here.

Boxes 9 through 18:

Read each box carefully. Enter a check mark (✓) to indicate if your anwer is a YES or a NO. Provide additional information where requested for either the WOTC or the Welfare-to-Work target group eligibility.

Box 19. Sources to Document Eligibility. List and/or describe the documentary (*) evidence or sources of collateral contacts that are attached to this form (ICF) or that will be provided. Indicate in parentheses, next to each document listed whether it is attached or forthcoming. Some examples are provided below. The asterisk (*) indicates documents that may be obtained by the employer. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his-her household meets one of the eligibility requirements.

Examples of Documentary Evidence or Collateral Contacts.

AGE/BIRTHDATE:

(Required for high-Risk Summer Youth & Food Stamp)
- Birth Certificate
- Driver's License*
- School I.D. Card*
- Work Permit*

FAMILY INCOME:

(Required for Ex-Felons)
- Pay Stubs*
- Employer Contacts*
- W-2 Forms
- UI Documents
- Public Assistance Records
- Family Members' Statements
- Parole Officer's Name*
- Parole Officer's Statement

VOCATIONAL REHABILITATION REFERRAL:
- Voc. Rehab. Agency Contact
- Social Services Agency Contact
- Veterans' Administration

EX-FELON STATUS:
- Parole Officer's Name*
- Corrections Institution Records
- Court Records, Extracts
- Contacts

AFDC (IV-A) RECIPIENT:
- Signed Statement From Authorized Individual w/Specific Description of No. of Months Benefits Were Received.
- Case Number*

FOOD STAMP RECIPIENT:
- Signed Statement From Authorized Individual w/Specific Description of Number of Months Benefits Were Received.
- Case Number*

VETERANS STATUS:
- DD-214
- Reserve Unit Contacts
- Discharge Papers*

NUMBER IN FAMILY:
- Public Assistance
- Social Services Agencies

SSI RECIPIENT:
- SSI Record or Authorization Contact
- SSI Contact
- Evidence of SSI Issuance

EMPOWERMENT ZONES/ENTERPRISE COMMUNITIES:
- Driver's License*
- Work Permit*
- Utility Bills*
- W-4*

NOTE: This list is not exhaustive. For more information, contact your WOTC public Employment Service Office.

Box 20. Signature. If applicant completes this form he or she must enter signature here. If applicant is a minor (under age 18) the parent or guardian should sign this box. If form is completed by the employer or his/her agent enter corresponding signature here. If form was completed by the intake staff of a SESA or participating agency, enter signature of intake staff in this box.

Box 21. Date. Enter the month, day and year in which the form is completed.

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM- WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE EMPLOYMENT SECURITY AGENCY (ENTER CORRESPONDING STATE EMPLOYMENT OFFICE HERE) _____
IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT. PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ON A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.